

Adult Day Health Care Transportation

Definition: This service is prior-authorized for individuals receiving the Adult Day Health Care (ADHC) service, who reside within fifteen (15) miles of the ADHC center. Transportation will be provided using the most direct route, door to door, from the center to the individual's place of residence or other location, as agreed to by the provider and as indicated on the service authorization.

Providers: Centers/agencies enrolled with SCDHHS to provide Adult Day Health Care Services under the Community Supports Waiver.

Arranging for the Service: Once you have determined the individual lives within 15 miles of the Adult Day Health Care Center and is in need of transportation you must update the recipient's plan to include the need for the service and update the Community Supports Waiver budget requesting Adult Day Health Care Transportation Services (\$95) and receive approval. Once approved, you may authorize the service.

The **Community Supports Form A-37** must be used **for all recipients**. The **Community Supports Form A-37** instructs the provider to bill the South Carolina Department of Health and Human Services for services rendered.

The provider will be required to report any changes in the individual's status that affect the Adult Day Health Care Transportation Service, for example; if the individual moves and no longer resides within 15 miles of the center or family member transports. If these types of changes occur Adult Day Health Care Transportation will no longer be reimbursable.

The **Community Supports Form A-37** will remain in effect until a new form changing the authorization is provided to the Adult Day Health Care Center or until services are terminated.

Monitoring the Services: You must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the recipient's/family's satisfaction with the service. The following schedule should be followed when monitoring Adult Day Health Care Transportation Services:

- Must complete monitorship during the first month
- At least once during the second month of service
- At least quarterly thereafter

This monitoring will be considered complete when **one or more** of the following has been conducted:

- Review of documentation of services provided for the purpose of assessing the effectiveness, frequency, duration, benefits, and usefulness of the service (i.e. review of progress notes submitted by a psychologist providing psychological services)
- Conversation/discussion with the recipient, recipient's family/caregiver, or Day staff member for the purpose of determining the effectiveness, frequency, duration, benefits, and usefulness of the service.

- Conversation with the service provider about the effectiveness, frequency, duration, benefits, and usefulness of the service.
- On-site observation of the service being rendered for the purpose of determining the effectiveness, frequency, duration, benefits, and usefulness of the service.

Some items to consider during monitorship include:

- Is the individual satisfied with the Adult Day Health Care Transportation?
- What type of vehicle is used to transport the individual (enclosed vehicle with adequate ventilation, heat, air conditioning and provision for wheelchair bound individuals)?
- Is the Adult day Health Care Transportation meeting the individual needs?
- How often does the individual receive Adult Day Health Care Transportation?

Reduction, Suspension, or Termination of Services: If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the individual or his/her legal guardian including the details regarding the change(s) in service, allowance for appeal/reconsideration, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). See **Chapter 8** for specific details and procedures regarding written notification and the appeals process.

**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
COMMUNITY SUPPORTS WAIVER**

**AUTHORIZATION FOR SERVICES
TO BE BILLED TO SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN
SERVICES**

TO: _____

RE: _____

Recipient's Name

/

Date of Birth

Address

Medicaid #

/ / / / / / / / / / /

You are hereby authorized to provide the following service(s) to the person named above. Only the number of units rendered may be billed. Please note: This nullifies any previous authorization to this provider for this service(s).

Prior Authorization # C S _____

Adult Day Health Care Transportation Services (A0120)

Number of units/week: _____ (one unit=one day of ADHC Transportation)

Location of Pick up/ drop off: _____ (individual's home, other location)

Start Date: _____

Service Coordinator: Name / Address / Phone # (Please Print):

Signature of Person Authorizing Services

Date

MEDICAID HOME AND COMMUNITY-BASED WAIVER SCOPE OF SERVICES

FOR

ADULT DAY HEALTH CARE TRANSPORTATION

- A. Adult Day Health Care (ADHC) Transportation service is available to individuals authorized for the Adult Day Health Care (ADHC) service through a Medicaid home and community-based waiver who reside within fifteen (15) miles of the center. This service will be provided using the most direct route, door to door, from the center to the individual's residence or other location as agreed to by the provider and as indicated on the service authorization. The service must be prior authorized by the Medicaid home and community-based waiver case manager/service coordinator.
- B. ADHC Transportation service must be provided in an enclosed vehicle with adequate ventilation, heat, air conditioning, and provision for wheelchair bound individuals as needed.
Providers who are directly providing transportation to individuals will provide assistance to the individual from the door of the individual's residence to the vehicle and from the vehicle to the door of the individual's residence or other location as agreed to by the provider and as indicated on the service authorization.
- C. Authorization for ADHC Transportation will be separate from the ADHC authorization.
- D. Services provided prior to the Medicaid authorization date are not reimbursable.
- E. The Provider will be required to complete a Mode of Transportation form indicating the number of miles the individual lives from the center. If it is determined that the individual is within fifteen (15) miles of the center, the provider will be required to notify the case manager that an authorization is needed for ADHC transportation.
 - 4. The provider will be required to maintain verification of the mileage to an individual's home in the individual's record, such as a mapquest map which states the mileage.
 - 5. The provider will be required to report any changes in the individual's status that affect day care transportation (eg. Individual moves and no longer resides within 15 miles of the center; family member transports individual to and from the center, etc.) to the case manager/service coordinator immediately. If these types of changes occur, ADHC transportation will no longer be reimbursable.
 - 6. Drivers employed by the ADHC who transport home and community-based waiver individuals must have a valid drivers license and be certified in first aid.
- F. The ADHC transportation service provider must maintain an individual record containing documentation which supports services provided and billed.
- G. Providers of ADHC transportation service will participate in the Care Call monitoring and payment system.

Effective 3-01-08